MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WEL Primary Registration District No. 5190 DO NOT WRITE AMENDED 1. PLACE OF DEATH D AUG 2 6 1963 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before Missour 1 COUNTY a. COUNTY VS 300 admission) AMENDED <u>Carroll</u> Carroll Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN R.R.#2 Carrollton Yes D No D Carrollton vears c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits d. STREET (If cutside, give location) Reside on Farm 0170 ADDRESS Yes 🗌 No 💂 Yes | No | 20170 Home3. NAME OF DECEASED Middle First Last DATE Day Year 3 (Type or print) DEATH Lvda Jeanne Rea 9. AGE (last birthday? I F UK 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. Married 29 Never Married | Widowed [Divorced [5 Female White BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Maysville 14. NAME OF HUSBAND OF WIFE <u>Housework</u> 5010 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Frank Rea <u>lewis</u> F. Brown. 15. WAS DECEASED EVER IN U.S. ARMED FORCE Š (Yes, no, or unknown) (If yes, give war or dates Ca rrollton INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line per (3), (b), and (c) **DOCUMEN** PART I. DEATH WAS CAUSED BY: 10 RECORD IMMEDIATE CAUSE (a) Ö 11 INSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ő PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Unknown WAS AUTOPSY PERFORMED? HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE 20a. ACCIDENT П YES | NO | 20c. TIME OF Month, Day, Year Hou RIBBON INJURY USE BLACK INK STATE 20a, PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK | farm, factory, street, office bldg., etc.) **FYPEWRITER** READ 21. I attended the deceased m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at 22c. DATE SIGNED ច 23a. BURIAL, CREMATION, | 23b. DATE 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY AFFIDA Š REMOVAL (Specify) Burial 25. DATE RECD. BY LOCAL REG. TEM 24. FUNERAL DIRECTOR Funeral Home Carrollton

(Licensed Embalmer's Statement on Reverse Side)

2Fb I 0 1883

E361 88 2UA

STATEMENT BY LICENSED EMBALMER

or by Student Embalmer No		
	g under my personal supervision.	Signed PM. Marshay: shi
Studen	Signature of Student Embalmer	
· Finsh	ener with the	Licensed Embalmer No. ZJZJ

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.